

Comments on Wisconsin SeniorCare 1115 Demonstration

1. Page 1 says that those already enrolled in Medicaid are not eligible for the drug benefit, and page 7 says that those “not currently eligible” for Medicaid and who meet the income criterion are eligible. The proposal should be revised to include a screen-and-enroll provision in order to identify and enroll dual eligibles in Medicaid, rather than in SeniorCare alone.
2. What does “coordination of eligibility across programs” (e.g., food stamps), mentioned in paragraph 4 refer to?
3. Please verify that, although Deloitte Consulting provides system capabilities for conducting eligibility determination, the eligibility determination itself is performed by public employees.
4. What is the rationale for charging a second enrollment fee when an enrollee has a decrease in income sufficient to excuse them from the deductible cost?
5. The state estimates that the 325,000 individuals are eligible for the demonstration and that 177,000 will enroll. Why will some eligible individuals not enroll? Is the 177,000 a projected enrollment cap?
6. What co-payment will be charged for drugs that cost less than \$5 or \$15?
7. What happens if a beneficiary cannot afford the co-payment? Would he or she still receive the drug, as in regular Medicaid?
8. According to the state, beneficiaries above 240% FPL pay retail price, which is assumed to be the cash price charged by the pharmacy. It is unclear, however, how much beneficiaries above 160% FPL and below 240% FPL will pay for drugs before meeting the deductible. Do these beneficiaries pay the cash or walk-in price or do they pay the Medicaid price?
9. Allowing the state to collect rebates for drugs purchased before people meet the deductible seems problematic - essentially, the state would be collecting rebates for drugs not purchased with state dollars. This concept caused problems in Maine and Vermont.
10. How will the state ensure or promote coordination with primary care?
11. Please explain the rationale for the reimbursement of AWP - 11.25% + 5%.
12. Please clarify whether the Medicaid dispensing limits e.g. days supply, quantity, number of refills, apply to SeniorCare.

13. The State has specified that 18% drug rebates will be received from manufacturers. However, there's no mention of negotiating supplemental rebates or a higher rate. What is this figure based on?
14. Please ask the State to specify whether there are any exceptions to obtain overrides to allow for dispensing in instances where a claim is submitted for the same drug on the same day at different pharmacies.

Budget Neutrality

1. Please provide further written justification for why the State expects costs to grow at a trend rate as high as 8.76%. Why wouldn't we expect costs to grow at the average growth rate over the 5-year historical period (6.08%)?
2. How was the recipient member trend rate of 1% in Table 4 (expenditures of expansions) calculated? How does the state know that the expansion population will grow at this rate? Is the expansion population capped? What happens if it grows at a higher rate.
3. Also in Table 4, how did the State come up with the estimate of 18% trend rate for program costs in the expansion population when the regular waiver population will only grow at approx 8.76%?